

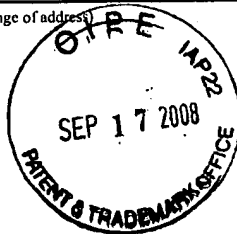
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21069 7590 06/18/2008

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MAIL STOP 28-2-C
ONE AMGEN CENTER DRIVE
THOUSAND OAKS, CA 91320-1799



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Karen Podgorny	(Depositor's name)
<i>Karen Podgorny</i>	(Signature)
September 17, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/645,784

08/18/2003

Ulrich Feige

09/22/2008 HVUONG2 00000011 010519 10645784073

TITLE OF INVENTION: MODIFIED PEPTIDES AS THERAPEUTIC AGENTS

01 FC:1501 1440.00 DA
02 FC:1504 300.00 DA
03 FC:8001 9.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1440

\$300

\$0

\$1740

09/18/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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WESSENDORF, TERESA D

1639

435-070100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Timothy J. Gaul

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AMGEN INC.

Thousand Oaks, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-0519 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Timothy J. Gaul

Date

9/17/08

Typed or printed name

Timothy J. Gaul

Registration No.

33,111

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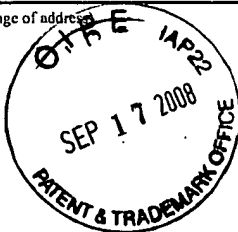
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<i>Karen Podgorny</i>	(Signature)
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nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/18/2008

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Authorized Signature

Timothy J. Gaul

Date

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